TRAINEE/CONTROLLER EVALUATION For use of this form, see FM 1-303; the proponent agency is TRADOC. NAME **ATCS NUMBER EVALUATION NUMBER** GRADE **POSITION EVALUATED** TYPE OF TRAINING TRAINING MONTH NEEDS IMPROV **EVALUATION FACTOR EXPECTED PERFORMANCE/REMARKS** SAT UNSAT A. SEPARATION 1. Separation is ensured. **B. CONTROL** 2. Awareness is maintained. **JUDGEMENT** 3. Good control judgement is applied. 4. Control actions are correctly planned. 5. Positive control of situations is provided. C. TRAFFIC 6. Prompt action to correct errors is taken. **MANAGEMENT** 7. Effective traffic flow is maintained. 8. Aircraft identity is maintained. 9. Professionalism is maintained. 10. Flight strip postings are correct and complete. D. OPERATING 11. Clearance delivery is correct/complete/timely. **METHODS** 12. Letters of agreement/directives are adhered to. AND **PROCEDURES** 13. Navigational assistance is provided. 14. Weather information is provided. 15. Handoff procedures are correctly performed. **E. COORDINATION** 16. Necessary traffic advisories are provided. 17. Coordination is thorough. COMMUNICATION 18. Communication is clear and concise. 19. Necessary transmissions are made. F. PHRASEOLOGY 20. Standard phraseology is adhered to 21. Voice quality is good. 22. Speech rate is correct. G. EQUIPMENT 23. Equipment capabilities are fully understood/used. 24. 25. H. OTHER (Specify) 26. 27. 28. 29. TRAFFIC CONDITION **OVERALL RATING** Light Stable (Check one block Moderate Fluctuating in each column.) Heavy

EVALUATOR COMMENTS		DATE
TYPED/PRINTED NAME AND GRADE	SIGNATURE	
CONTROLLER/TRAINEE COMMENTS		DATE
THE UNDERSIGNED AGREES DISAGREES (If you disagree with the evaluation, refer to specific items of contention in your comments.)		
,	,	
TYPED/PRINTED NAME AND GRADE	SIGNATURE	
REVIEWING AUTHORITY COMMENTS		DATE
TYPED/PRINTED NAME, GRADE, AND TITLE	SIGNATURE	